

# **EXHIBIT 8**

From: [REDACTED]  
Sent: Thu, 19 Feb 2009 20:45:07 GMT  
To: Jones, Scott [ETHUS]  
Subject: Re: SLU Uro-GYN Follow-up

I am currently involved in getting a patient to the OR who had an anterior and posterior prolift implanted by another physician. She will likely lose any coital function as her vaginal length is now 3 cm, and there is mesh extruding literally everywhere. Also there is a large stone in the bladder from a bladder perforation with the anterior arm.

I will hold off on doing any of these procedures. The bottom line is that I bet a majority of the practitioners using these mesh kits are not qualified to do so. I taught Perigee, Apogee in the past - no longer.

This patient will have a permanently destroyed vagina, and I am only hoping to get her out of this without more morbidity.

[REDACTED]  
On Thu, Feb 19, 2009 at 12:37 PM, Jones, Scott [ETHUS] <SJones34@its.jnj.com> wrote:

SLU Uro-GYN's,

I want to follow-up with you regarding a conversation we had last year during my visit to St. Louis, as well as a conversation I had at AUGS with a few of you. During our meeting, I discussed the potential to create a Pelvic Floor fellowship education event. We also spoke about the need to educate and train the attending surgeons within the department. Given that background, I've been working with our Professional Education department to create the framework for this training. I get the impression that this might take them longer to develop than I originally thought, so I want to communicate that to you so you do not think that I've forgotten.

I am still committed to providing your department with education regarding vaginal mesh use during pelvic floor repair, and I want to share a few ideas that I have with you. I am in the middle of launching a new product called PROLIFT+M, which is basically the same procedure as PROLIFT but utilizing a partially absorbable mesh material. If you are still open to learning the PROLIFT procedure, I would like to propose the following customized training for your team:

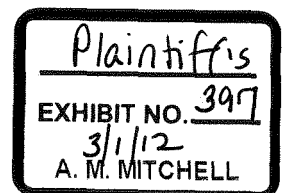
Step 1: Spend 1-2 hours in didactic education on the procedure with a preceptor. This could be accomplished via web-based teleconference, and would be led by one of the physicians that currently uses PROLIFT.

Step 2: I think it would be advantageous to have 1 or 2 of you travel to observe the procedure live to pick up any tips or tricks regarding the procedure. This step could also be replaced by sending you to a cadaver lab to physically pass the device if you think that would be more useful.

Step 3: Once the formal training is complete, we could schedule a day of procedures in your OR and schedule a traveling proctorship where one of our faculty members scrubs in to assist with your first 2-3 procedures.

NOTE: By the way, we will be hosting a Web-based awareness event to discuss the new mesh, PROLIFT+M on Mar 4th or 16th. If you would like to participate, please let me know and I can send you the link for this event.

As I recall from our discussion, [REDACTED] expressed a desire to learn the procedure, but [REDACTED] was less interested. I also recall that your fellow, [REDACTED], was interested in the procedure. Please let me know if you still have interest in learning and using the PROLIFT procedure, and if so, let me know if the proposed training agenda listed above would meet your needs. Thanks, and I look forward to hearing from you. Take care!



*Scott H. Jones*

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